



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E424438**

1 0 5 27

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	15-001196
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
OBJECT STRUCK	

TRIBAL RESERVATION	
--------------------	--

M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION	05 - 12 - 2015	1221	31	N S E W IN OF 0664

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
91ST AVE NE	BLOCK NO. <input checked="" type="checkbox"/>	600
	MILE POST <input type="checkbox"/>	

DISTANCE	20	00	MILES	FEET	N S E W	OF (REFERENCE OR CROSS STREET)	SR 204
----------	----	----	-------	------	---------	--------------------------------	--------

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4253277420
---------	---	--------------------------------------	--	---------------------

LAST NAME	MC MILLAN	FIRST NAME	JEREMY	MIDDLE INITIAL	J
-----------	-----------	------------	--------	----------------	---

STREET NEW ADDRESS <input checked="" type="checkbox"/>	9225 15TH ST NE
--	-----------------

CITY	LAKE STEVENS	ST	WA	ZIP	98258
------	--------------	----	----	-----	-------

GDL	RESTRICTIONS	ENDORSEMENTS
-----	--------------	--------------

DRIVER'S LICENSE #	MC MILJJ212RZ	STATE	WA	SEX	M	D.O.B. MMDDYYYY	12 - 09 - 1979
--------------------	---------------	-------	----	-----	---	-----------------	----------------

ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	INJURY CLASS	1	NATURE OF INJURIES
----------------------------------	--------	--------	---	--------	---	-------	---	------------	--------------	---	--------------------

LICENSE PLATE #	ALT7928	STATE	WA	VIN#	1C3CDZAG8DN690398
-----------------	---------	-------	----	------	-------------------

TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
-----------------	-------	-----------------	-------

VEH. YEAR	2013	MAKE	DODG	MODEL	AVENG	STYLE	4P	VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	RESCUE TOWING	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-----------	------	------	------	-------	-------	-------	----	---	----------	---------------	---

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	ALLSTATE 922928214
---	-------------------------	--------------------

VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #	CHARGE
--	------------	--------



UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4252200013
---------	---	--------------------------------------	-------------------------------------	---	--	---------------------

LAST NAME	BOUGHTEN	FIRST NAME	KERRI	MIDDLE INITIAL	M
-----------	----------	------------	-------	----------------	---

STREET NEW ADDRESS <input type="checkbox"/>	10707 112TH ST NE
---	-------------------

CITY	ARLINGTON	ST	WA	ZIP	98223
------	-----------	----	----	-----	-------

GDL	RESTRICTIONS	ENDORSEMENTS
-----	--------------	--------------

DRIVER'S LICENSE #	BOUGHK100MK	STATE	WA	SEX	F	D.O.B. MMDDYYYY	07 - 12 - 1990
--------------------	-------------	-------	----	-----	---	-----------------	----------------

ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	INJURY CLASS	1	NATURE OF INJURIES
----------------------------------	--------	--------	---	--------	---	-------	---	------------	--------------	---	--------------------

LICENSE PLATE #	APD4342	STATE	WA	VIN#	YS3FB49S451021878
-----------------	---------	-------	----	------	-------------------

TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
-----------------	-------	-----------------	-------

VEH. YEAR	2005	MAKE	SAA	MODEL	9-34D	STYLE	P4	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-----------	------	------	-----	-------	-------	-------	----	---	----------	---

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	SAFECO H2115113
---	-------------------------	-----------------

VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #	CHARGE
--	------------	--------



OFFICER'S NAME (PRINT)	J. KILROY #0132	BADGE OR ID #	#0132	AGENCY	WA0311900
------------------------	-----------------	---------------	-------	--------	-----------



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E424438**

CASE # **15-001196**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		DRAPER CHLOE L																	
ADDRESS & PHONE #		10707 112TH ST NE ARLINGTON WA 98223																	
SEX		F		D.O.B. MMDDYYYY		08		-		03		-		2011					
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	9	AIRBAG	2	RESTR.	8	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #																			
SEX				D.O.B. MMDDYYYY				-				-							
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #																			
SEX				D.O.B. MMDDYYYY				-				-							
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	

NARRATIVE

Unit 1 was traveling south on 91st Ave NE making a left turn into the 7-11 parking lot. Unit 2 was traveling north on 91st Ave NE approaching SR 204. Unit 1 made a left turn crossing in front of Unit 2. Unit 2 then struck Unit 1.

There were no injuries and Unit 1 was towed from the scene privately.

Unit 1 was at fault due to not giving Unit 2 the right of way.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

J. KILROY #0132

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

05-13-15 05:44 PM

DATED

PLACE SIGNED

APPROVED BY

ROBERT MINER 095

DATE

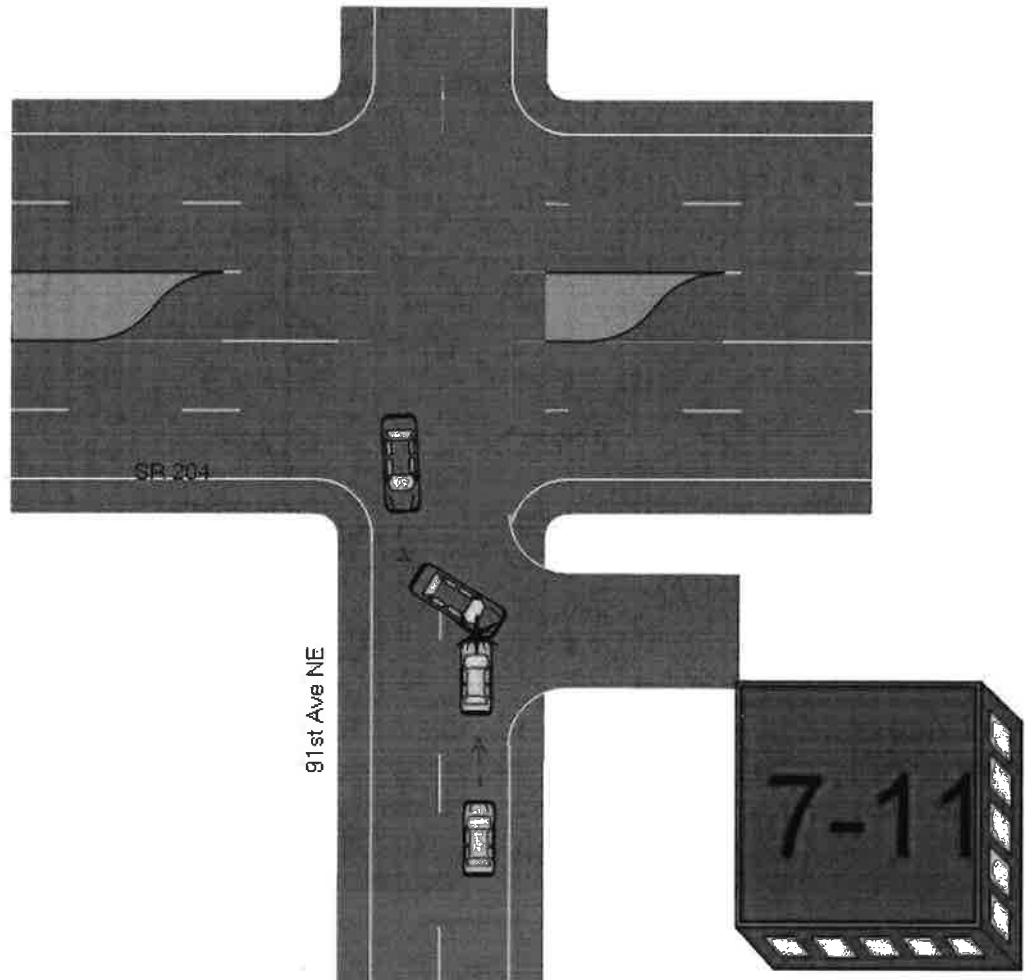
5/14/2015 8:21:05 AM

BADGE OR ID # **#0132**

ORI # **WA0311900**

TIME POLICE DISPATCHED **12:23 PM**

TIME POLICE ARRIVED **12:34 PM**



LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

15-1196



VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Mamilton Jeremy	RACE W	ETH	SEX M	DOB 12-09-79	AGE 35	HGT 5'10"	WGT 180	HAIR Brown	EYES Brown
STREET ADDRESS 9225 15th St. NE		CITY Lake Stevens			STATE WA		ZIP 98250	RES. STATUS		
HOME PHONE		CELL PHONE 425-327-7420			PLACE OF EMPLOYMENT Service master					
WORK PHONE		EMAIL ADDRESS Jers on the loop @ gmail.com								

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was heading South on 91st Ave NE and was going to turn in to the 7 eleven on left side of Road. When turning left in to the parking lot I saw a car coming down 91st headed North and when she saw me she hit her break's but it was to late the ~~car~~ hit the Front Passenger Side of the car. I pulled off the Road and into the parking lot of seven eleven and called 911. 5-12-15

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <i>Jeremy Mamilton</i>	DATE SIGNED 5/12/15	LOCATION SIGNED LKS
OFFICER/NUMBER: Kilcor 132	DATE SIGNED 5/12/15	LOCATION SIGNED LKS

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

REVISED 4/2009

LSPD
ORIGINAL

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER 15-1196



VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Boughten, Herri, M	RACE W	ETH	SEX F	DOB 7/12/90	AGE 24	HGT 5'00"	WGT 120	HAIR BRN	EYES BLU
STREET ADDRESS 10707 112 th St NE		CITY Arlington				STATE WA	ZIP 98223	RES. STATUS		
HOME PHONE		CELL PHONE 425 220 0013			PLACE OF EMPLOYMENT Bravata					
WORK PHONE		EMAIL ADDRESS herrimarie54@yahoo.com								

I, Herri Boughten, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

heading northbound on 91st Ave NE, going towards greenlight and driver of grey dodge pulled out in front of me, I tried to stop but didn't in time.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED May 12 2015	LOCATION SIGNED 711 91 st Ave NE
OFFICER/NUMBER: SKILBORN/172	DATE SIGNED 5/12/15	LOCATION SIGNED LRS

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

Incident History for: #SS15009147

Case Numbers: \$SS15001196

Received 05/12/15 12:21:43 BY SPCT04 SP0298
Entered 05/12/15 12:23:30 BY SPCT04 SP0298
Dispatched 05/12/15 12:23:54 BY SPDP17 SP0100
Enroute 05/12/15 12:23:54
Onscene 05/12/15 12:34:52
Closed 05/12/15 13:14:29

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS002 Fire BLK: AG1518 Map Page: 397E-1 Group: SS1 Beat: WEST

Src: 9

Loc: 605 91 AV NE ,LKS -- 7-11 ,LKS btwn MARKET PL & SR 204 (V)

Latitude: (+) 48.003312 Longitude: (-) 122.110655

Loc Info: ON 91

Name: BOUGHTEN, KERRI

Addr:

Phone: 4252200013

/1223 (SP0298) ENTRY ,CC, TAN SAAB SEDAN VS SIL DODGE PC, NON INJ , N
ON BLKG , PULLED INTO PLOT
/1223 (SP0100) DISPER 19D1 #SS120 BERNHARD, OFFICER (KERRY)
/1228 (SP0302) SUPP LOC: 91 AV NE/SR 204 ,LKS,
LOCI: ON 91,
NAM: MCMILLAN, JEREMY,
PHO: 4253277420,
TXT: CC, JO, 2 VEH ACC, NON INJ NON BLKG SIL DOD
GE AVENGER VS GRY SAAB PULLED OVER INTO 7-11
[605 91 AV NE ,LKS]
/1234 (SP0100) ASSTOS 19D3 #SS132 KILROY, OFFICER (JOSH)
/1243 \$PREMPT 19D1
/1245 ASNCAS 19D3 \$SS15001196
/1314 CLEAR 19D3 D/H
/1314 CLOSE 19D3

LSPD
ORIGINAL